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ABSTRACT

Children's exposure to family violence may lead to increased school difficulties, as shown in studies demonstrating the relationship between children's adjustment disorders and stressful family events. To examine the unique effects of violence on children's cognition, this study compared the academic performance and conflict levels of two groups of children, ages 6 to 12, and their mothers: those living in battered women's shelters and those in homeless shelters. Seventy-three families (113 children) from battered women's shelters and 55 families (82 children) from homeless shelters completed a variety of tests including the Conflict Tactics Scale, the General Health Questionnaire and the Child Behavior checklist. The children completed the Wide Range Achievement Test, the Digit Scan, and the Children's Locus of Control Scale. Few significant differences were found among the children's test results; in addition, the results were similar for homeless shelter children with no violence in their histories and for those with past exposure to violence (not within the past year). The prediction that extreme family violence would lead to extremely poor school performance also was not supported. Furthermore, when families were retested 10 months after leaving the battered women's shelter, no changes were found in children's cognitive performance. Although children in shelter situations do experience school difficulties, the data demonstrate that school performance is not uniquely affected by family violence. (Contains 12 references.) (CH)

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Academic Correlates of Exposure to Family Violence

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This paper explores some academic correlates of exposure to family violence. Numerous studies have demonstrated that children's adjustment disorders are strongly associated with chronic stressful events in the family. These include wife battering (Jaffe, Wolfe, & Wilson, 1990), non-violent marital conflict (Emery, 1989; Grych, & Fincham, 1990), and homelessness (Masten, 1992; Rescorla, Parker, and Stolley, 1991). Children in shelters for battered women have been found to exhibit high levels of both externalizing (e.g., aggressiveness, delinquency) and internalizing (e.g., anxiety, withdrawal) behaviors, and lower levels of social competence, compared to children from nonviolent families (Jaffe, et al., 1990). When physical violence between parents becomes chronic within a family, it is highly probable that various other factors are also present that might predispose children to adjustment problems and academic difficulties. We hypothesized that shelter children might have increased academic problems because of the psychological toll of having to cope with interparental conflict. Possible contributing factors include disrupted routines, absenteeism, lack of concentration, fatigue, anxiety, a learned response of inattention, and attenuated contact with one or both parents. Are cognitive difficulties uniquely associated with exposure to family violence,

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compared to other types of risk? If so, might these problems decrease when violence subsides?

Method

Participants Participants were children in the age range of 6 to 12 years, and their mothers. Data were collected on 113 children of mothers residing in several shelters for battered women (Shelter group), and 82 children of mothers residing in housing hostels (Homeless group). Shelter and Housing residents were recruited by means of notice-board announcements posted in the residences and/or through resident staff soliciting their participation. Only mothers reporting no inter-spousal violence within the previous 12 months were included in the Homeless group.

Demographic characteristics of each group are presented on Overhead 1.

Procedure

Individual interviews were conducted separately and simultaneously for mothers and children. Shelter mothers and children were tested at the shelter within three weeks of their arrival. Housing mothers and their children were interviewed in the housing hostels. The research was described to the participants as a survey of family problem-solving tactics and child development. A brief description of the testing instruments was provided to mothers expressing interest in participating. Consent was obtained by explaining to mothers that they could terminate the interview at any point, and that confidentiality of the data was assured, with the proviso that the researchers were required by law to report any suspected instances of child abuse to child welfare authorities. It is possible that some mothers may have declined participation in order to avoid possible legal complications.

The measures described below were completed by all participating mothers and their children.

Conflict Tactics Scale (CTS) (Straus, 1979) The CTS provided a measure of the use of verbal aggression and physical violence between family members during the previous year. Conflict tactics were assessed between parents,

between each parent and each child in the target age range, and between children. Mothers also indicated the frequency and severity of abusive parent-to-child behaviors. Verbal aggression included insults, swearing, and physical threats. Physical aggression included pushing, grabbing, shoving, hitting, slapping, choking, and threatening with or using weapons.

General Health Questionnaire-30 (GHQ) (Goldberg & Hillier, 1979). The GHQ is a self-report measure designed to assess general psychological health or illness in community-based individuals. The instrument focuses on interruptions in normal functioning, and or the appearance of new symptoms of a distressing nature. Mothers were instructed to report on whether they had recently (past few weeks) experienced a particular symptom. The 4-point response scale ranges from "less than usual" to "much more than usual". Scores of 5 or more are considered indicators of mental health problems, and scores exceeding 10 indicate immediate need for intervention.

Child Behavior Checklist (CBCL) (Achenbach, & Edelbrock, 1983). In this paper only the Social Competence scale, and its components (Activities, Social, and School) will be discussed.

The following tests were administered to the children:

Wide Range Achievement Test - Revised (Jastak & Wilkinson, 1984). The Wide Range Achievement Test (WRAT-R) was designed to measure scholastic achievement ranging from kindergarten to college. The measure consists of three scales: reading, spelling, and arithmetic. For this study only the reading and math subscales were used. The reading subscale measures the child's ability to recognize letters and read words in isolation (i.e., out of context). The math subscale assesses the child's ability to recognize and read numbers, solve math problems orally, and perform written computations. Individual performances are compared to standardized age norms with a mean of 100 and a standard deviation of 15. Scores of 80-89 are "low average", 70-79 "borderline", <70 "deficient".

Digit Span (Wechsler Intelligence Scale for Children - Revised, Wechsler, 1991). The Digit Span is a subtest of the WISC-R. It is a measure of attention and short-term memory. It comprises two tasks: Digits Forward and Digits Backward. There are two series for each sequence length. The Digits Forward task requires the child to remember a series of three to nine numbers that have no logical relationship to each other. The Digits Backward task requires the child not only to remember from two to eight numbers but also to reorganize the numbers in reverse order. Raw scores are converted to scaled scores and compared to age norms. A scaled score of 10 is considered average.

Children's Locus of Control Scale (Nowicki & Strickland, 1973). This scale was designed to measure children's perceptions of their power to control or cause effectual change in their environment. Those with an internal control orientation feel that they can change what happens around them, whereas those with an external orientation feel themselves to be victims of circumstance and powerless to change their situation.

To summarize, mothers' interviews entailed the administration of the following instruments: Conflict Tactics Scale, General Health Questionnaire, and the Child Behavior Checklist. Children were administered the reading and math subscales of the WRAT-R, the Digit Span subtest of the WISC, and the Nowicki-Strickland Locus of Control Scale.

Results

Shelter and Homeless families were compared on the variables listed on Overhead 1. The two groups were quite comparable, with the exception of poorer mental health on the part of Shelter mothers, and lower income in the Homeless families. Most (71%) of the Homeless families were single mothers, whereas the Shelter families had been comprised of couples (albeit conflicted) prior to the mothers' move to a Shelter.

Overhead 2 compares the means of the two groups of children on Reading, Math, Digit Span, Locus of Control, and Social Competence.

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Significant differences were few and when they occurred, modest. Shelter children had superior scores on Reading and Math ($p<.05$), and were more likely to have Social Competence scores in the clinical range.

Overhead 3 displays the same set of means when the Homeless group is partitioned into those with no violence in their backgrounds, and those with violence 12 months prior to testing. We reasoned that recent exposure to violence, the increased stress associated with a recent move to a Shelter, plus the suboptimal testing conditions might have a particularly deleterious effect on Shelter children's test performance. This prediction was not supported. Prior violence was not associated with declining performance, relative to the 'no violence' comparison group.

Although regression analyses did not reveal any significant predictors of cognitive functioning within the Shelter group, we thought that a comparison of the two subgroups of children who performed at the extremes on the cognitive measures might provide some clues that the regression analysis had missed. Overhead 4 shows how the 2 subgroups compared on math, reading, and digit span performance. At the high end, performance is at or above the norms for these tests. Low end performance is dramatically inferior. The symmetrical distribution of males and females in the two extremes occurred by co-incidence rather than by design.

These two groups were compared on various subscales of the Conflicts Tactics Scale, on mothers' general health (GHQ) and on locus of control (see Overhead 5). We anticipated that extremely poor academic performance might characterize children from families where spousal assault was particularly severe. This prediction was not supported. In fact, the severity of violence was greater in the high performance group. Previous analyses had revealed that maternal verbal aggression was a particularly potent predictor of children's adjustment in the Shelter group. It did not, however, predict cognitive performance, nor did parent-to-child physical aggression, mothers' health, or locus of control.

Some of the Shelter children were retested 10 months after leaving the Shelter. If children's functioning at Time 1 is influenced, in part, by the stressful nature of Shelter residence, and the violence that preceded the move to a shelter, both maternal and child functioning might be expected to improve as a result of a more stable, non-violent living arrangement. Indeed, children's adjustment (CBCL), locus of control, and mothers' health showed significant improvement 10 months after leaving the shelter. Reading, Math, and Digit Span performance, however, remained unchanged (Overhead 6).

Conclusion

Various stressful experiences and negative living conditions may place children at risk. Different forms of abuse or neglect may be similar in terms of the adjustment disorders and impairments that they induce. Low income levels, less education, frequent moves, and relatively poor maternal health characterized both Shelter and Homeless families. Children from both groups share a number of familial and contextual variables that predispose these populations to conduct problems and lower levels of cognitive functioning. Both populations are heterogeneous, however, with significant numbers in both samples showing remarkably good performance, in spite of exposure to multiple stressors.

The data reported here do not indicate that academic performance is affected in some unique way by exposure to family violence. It is likely that school-related difficulties are a result of disrupted routines, unpredictable and upsetting family dynamics, and maternal stress, rather than exposure to violence per se. The school difficulties are nevertheless severe for a substantial proportion of these children, and the deficits persist several months after mothers have moved from the shelters. It is possible that the poor performance of shelter children on these cognitive measures is a reflection of fundamental deficiencies in basic academic skills, as opposed to their temporary suppression brought about by shelter residency and the precipitating violence. If so,

educational planning and intervention should be included in the programming provided to children from violent families.

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Descriptive Characteristics

	Shelter	Homeless
Families n =	73	55
Children n =	113	82
Child's Age (M)	9.4	9.4
Mother's Health* (M) (GHQ)	14.2 (8.4)	10.5 (8.2)
Mothers' Education		
% with < grade 9	16	18
% with post hs	22	21
Number of children in family (M)	2.49	2.61
Family Income * (in $, 000) (M)	22.2	15.1
% earning < $20K	51	88
% single	0	71

Group Differences on Cognitive Measures

(2)

Measure	Shelter (n = 113)	Homeless (n = 82)
Reading *	87.7	81.7
Math *	84.9	80.9
Digit Span	8.6	8.9
Locus of Control	8.2	7.8
Social Competence	40.1	44.2
% in clinical range	23	11

Prior Violence & Cognitive Measures

(3)

Measures	Recent Violence	Violence >12 months prior	No Violence
n =	113	48	34
Read	87.7	81.1	81.9
Math	84.9	82.2	79.9
Digit Span	8.6	9.2	8.8
Locus of Control	8.2	7.9	7.7
Social Competence	40.1	42.1	44.9
% in clinical range	23	12	10

Shelter Group Extremes (M's)

	High End	Low End
n =	20 (10m/10f)	20 (10m/10f)
Read	110	62
Math	96	69
Digit Span	10.4	7.0

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High Achieving and Low Achieving Shelter Children did NOT Differ on:

father to mother physical violence

mother to child verbal aggression

parent to child physical aggression

mother's general health

locus of control

they DID differ on Social Competence, (20% v 40% in clinical range)

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Changes in Shelter Children 10 Months After Leaving Shelter

Improvement in: adjustment (CBCL)

locus of control

social competence

No Change in: Read

Math

Digit Span

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